

# RECEIVED COMM. OF ELECTIONS

2007 JAN 19 A II: 12

## Campaign Finance Section Financial Reports

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

Full Organization Nam	e: Committer	TO EL	ECT ASCIONE
Account Number:		Date of this Re	port: 1-/8-07
REPORTING PERIOR	D: FROM: /-1-06	то: /2	-31-06
Check the box that app	plies to this report:	38	
Primary Election General Election Other Election Special Election	□ 8-DAY □ 30-DAY □ 8-DAY □ 30-DAY □ 8-DAY □ 30-DAY □ 8-DAY □ 30-DAY		Tice:
Year End Report	Final Organization Closing		Closing Date:
regulations regarding	Campaign Finance and the election process Election Commissioner will perform an aud	in the State of Dela	and correct. I agree to abide by all rules and ware. I understand that representatives from a provided on this report.    1-18-07   DATE
despitate SICHATURE	Wintow of		1-19-07



## STATEMENT OF ACCOUNT BALANCE

AC	CCOUNT #:	REI	PORTING PERIOD:	1-1-06	12-31-06
				FROM	то
1.	BEGINNING (Close Out I	BALANCE alance from last reporting period)			7,761,86
2.	RECEIPTS:				
	A.	SCHEDULE A - TOTAL RECEIPTS			
	В.	SCHEDULE C-1 - TOTAL IN-KIND CON	TRIBUTIONS		
	C.	SCHEDULE D-1 - TOTAL LOANS RECE	CIVED		
	D.	SCHEDULE E – TOTAL EXPENSE REIM	BURSEMENTS RECE	IVED	
	E. SUBT	OTAL (Total of A, B, C, D)			
3.	EXPENDITU	RES:			
	F.	SCHEDULE B - TOTAL EXPENDITURE	s		820.00
	G.	SCHEDULE C-2 – TOTAL IN-KIND EXP	ENDITURES		
	H.	SCHEDULE D-2 - TOTAL LOAN PAYM	ENTS		
	I.	SCHEDULE E - TOTAL EXPENSE REIM	MBURSEMENTS PAID		
	J. SUB	TOTAL (Total of F, G, H, I)			
4.	ENDING BA (Beginning)	LANCE Balance plus 2E, minus 3J)			
5.	VALUE OF	ON-CASH ASSETS (From Schedule F)			
6.	VALUE OF I	DISPOSED/TRANSFERRED ASSETS (From	n Schedule G)		
7.	VALUE OF I	OANS AT END OF PERIOD (Loan Balanc	e from Schedule D-2)		
8.	CLOSE OUT	BALANCE (Must equal zero if Committee	closed)		6,941.86



#### SCHEDULE A - TOTAL RECEIPTS

ACCT#:		I	REPORTING PERIOD:		
				FROM	TO
over \$50. No period, each	OTE: If you	receive funds from the same person or e listed if the aggregate amount is over	s from sales of items must be itemized if they a organization several times during the reporting er \$100, even if the individual amounts are not	g	
Date	Contrib	Contributor	Contributor	Aggregate	Amount
Received	Type	Name	Mailing Address	Amount	Received
				NT TO	THE BUST TO
				2.71	
					-
				A TOU	
TOTAL RI	ECEIPTS IN	EXCESS OF \$100			
TOTAL DI	CEIDTE N	OT IN EVCESS OF \$100			

GRAND TOTAL RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)



## SCHEDULE B - TOTAL EXPENDITURES

ACCT#		REPORTING PERIOD:	11	//06 FROM	12/31/06
of the amou must be liste	nt. NOTE: IF you expend funds to t	ting period. All expenditures to Political Commit he same person or organization several times dur \$100, even if the individual amounts are not.	ttees must be i	temized, regardle	ss
Date	Payee	Payee	Reason	Aggregate	Amount
Expended		Mailing Address	Code	Amount	Expended
2/1/06	COMMITTEE TO DERLECT	26 Fariful ad. STANFORD	16	0	16-0
	TERRY SPENCE	NEW CHSTLE , Die 19720			600.00
11/29/06	FAIRNUS OF JUHA	P. P. Bax 736	16	0	
111 5115 6	CARNEY	P.O. BOX 738 WILM DK. 19899-0738	10		220,00
					+
					+
TOTAL E	XPENDITURES IN EXCESS OF	\$100			820.00
TOTALE	ALLIDITURES III EACESS OF	D.100			000
TOTAL E	XPENDITURES NOT IN EXCES	S OF \$100			

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)

GRAND TOTAL EXPENDITURES



## SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS

ACCT#:		REPORTING PERIOD:		
			FROM	TO
NOTE: If yo each item m	ou receive in-kind contributions from ust be listed if the aggregate amount CONTRIBUTIONS IN EXCESS O	charge or less than fair market value in excess in the same person or organization several times at is over \$100, even if the individual amounts of \$100:  ARKET VALUE LESS ANY PAYMENTS YOU MADE	during the reporting period, are not.	
Date	Contributor	Contributor	Description of	Estimated
Received	Name	Mailing Address	Contribution	Value Received
				A COLUMN
-				
-				
				W Commence
			-	
TOTAL IN	-KIND CONTRIBUTIONS IN E	XCESS OF \$100		
TOTAL IN	-KIND CONTRIBUTIONS NOT	IN EXCESS OF \$100		

GRAND TOTAL IN-KIND RECEIPTS
(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, A21STATEMENT OF ACCOUNT BALANCE, ITEM 2B)



## SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES

ACCT #:		REPORTING PERIOD:		
			FROM	TO
NOTE: If you pa each item must b IN-KIND EXPI	ay in-kind expenditures to the sa ne listed if the aggregate amoun ENDITURES IN EXCESS OF	arge or less than fair market value in excess of me person or organization several times during t is over \$100, even if the individual amounts at \$100:	the reporting period, re not.	
Date	Payee	Payee	Description of	Estimated
Expended	Name	Mailing Address	Expenditure	Value Expende
			L XIE L I IN	
				1
				1
	The state of the s			
TOTAL IN ET	ND EXPENDITURES IN EXC	CESS OF \$100		
TOTAL IN-KI	ND EAFENDITUKES IN EXC	ESS OF 3100		
TOTAL IN KT	ND EXPENDITURES NOT IN	N EXCESS OF \$100		
TOTAL EVAN	LAI ENDITURES NOT E	1 LAC 200 OF 5100		

GRAND TOTAL IN-KIND EXPENDITURES

(THIS TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)



#### SCHEDULE D-1 - LOANS RECEIVED

	D IN EXCESS OF \$50:				
Date eceived	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Amount
					- 4
				52	
			America to Note half see the		



TO

#### **SCHEDULE D-2 - LOANS**

ACCT #:					REPORTING PI	ERIOD:	
		isted. This includes loans from Lend	ing Institutions, Candidate's Personal Funds and Other Con	tributors.			FROM
	EXCESS OF \$50:						
Date Received	Lender Name and Mailing Address	Endorser Name and Mailing Address	Description of Security	Int Rate	Original Loan Amount	Payments Made	Loan Balance
CO 1				N. N.			
				15 3			
				IN POR			
				5.			

(TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 71; TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 71;



#### SCHEDULE E - EXPENSE REIMBURSEMENTS

ACCT#:			REPORTI	NG PERIOD:	
	mbursements received by you and paid by you must b				FROM
Date Received	MENTS RECEIVED (Monies paid to you as reimb Reimburser Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Received
(REIMBURSEME		AGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D)			
Date Paid	MENTS PAID (Monies paid by you to reimburse of Payee Name and Mailing Address	Description of Activity	Activity Date	Total Expense Amount	Reimbursement Paid
	All and the second				
	MBURSEMENTS PAID  ENTS PAID TOTAL SHOULD ALSO APPEAR ON PAGE 2,	STATEMENT OF ACCOUNT BALANCE, ITEM 3I)			



#### SCHEDULE F - NON-CASH ASSETS

REPORTING PERIOD:

ACCT#:

		FR	OM TO
temize all non-cash	assets owned by the organization including the	ose paid for by the organization, lent to the organization	n and
ontributed to the or	ganization.		
IST ALL NON-C	ASH ASSETS:		
Date	Description	Location	Value
Received	of Asset	of Asset (Physical Address)	of Asset
			4
			77
TOTAL ASSET VA	ALUE		

TOTAL ASSET VALUE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5)



## SCHEDULE G - ELIMINATION OF ASSETS

ACCT #:		REPORTING PERIOD:		
			FROM	TO
Itemize all non-cash as	sets disposed of, transferred or sold by the organi	zation during the reporting period.		*
ALL NON-CASH AS	SETS  Description	Disposition	Val	lue
Eliminated	of Asset	of Asset	Recei	
F 7 F				
				_
171				
		Market Company		-
	7.7		79	
TOTAL ASSETS EL	IMINATED			

TOTAL ASSETS ELIMINATED SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6)